

Facility: Alabama Department of Corrections
Patient Name: Clackler, Debra
Inmate Number: 159516 Last First
Date of Report: 2 / 12 / 06 MM DD YYYY
Date of Birth: 11 / 26 / 54 MM DD YYYY
Time Seen: 7:45 AM PM Circle One

Subjective: Chief Complaint: I am having a lot of abdominal pain, back
Onset: pain, & nausea & H/A

History:
(Continue on back if necessary)

Treated for this problem in past & antibiotics & pain
Pain Description: ☐ Sharp ☐ Dull ☐ Crampy ☒ Burning
☒ Intermittent ☐ Constant ☐ Radiation to: Back Location: ☐ RUQ ☐ LUQ
☐ Other: this am (Dulcolax 11 po on 2/10/06) 3 stools yes. ☐ RLQ ☐ LLQ
☒ Epigastric ☐ Diffuse
Last BM: ☐ Normal ☐ Constipation ☒ Diarrhea x 1 stools Color change: ☐ No ☐ Yes
Associated symptoms: Nausea ☐ No ☒ Yes Vomiting ☐ No ☒ Yes (x 2) Painful urination ☐ No ☐ Yes
Back pain ☐ No ☒ Yes Other:

Objective: Vital Signs: (If Indicated) T: 98.1 P: 54 RR: 16 B/P: 144/82

General appearance: ☐ No acute distress ☐ Acute distress ☐ Unable to stand erect ☐ Knees drawn up
Skin: ☐ Warm ☐ Cool ☒ Dry ☐ Moist/clammy Skin Color: ☐ Normal ☐ Pallor ☐ Flushed ☐ Jaundice
Mucous Membranes: ☒ Moist ☐ Dry

ABDOMINAL EXAM

Bowel sounds: ☒ Present ☐ Decreased ☐ Absent
Abdomen: ☒ Soft ☐ Guarding ☐ Distended ☐ Non-Tender ☒ Tender Epigastric
Location

Pain induced/increased with: Walking ☒ No ☐ Yes
Pain induced/increased with: Gentle abdominal palpation ☐ No ☒ Yes

Additional Examination: Tenderness to abdomen & palpation
(Continue on back if necessary)

Assessment: (Referral Status)

☐ Referral Not Required

☒ Referral Required due to the following: (Check all that apply)

- ☐ Abnormal Vital Signs ☐ Distended/rigid abdomen ☐ Persistent Nausea and/or vomiting
☐ Bloody or "Tarry" stools ☐ Pallor, moist clammy skin ☒ Recurrent Complaint (More than 2 visits for the same complaint)
☐ Other:

Preliminary Determination(s): Alteration in comfort
RT pain

You should contact a physician or nursing supervisor if you have any questions about the status of the patient.

Plan:

Check All That Apply:

- ☒ Instructions to return if condition worsens or does not improve
☒ Education on bowel elimination ☐ Education on Lifestyle Modifications to prevent reflux
☒ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
☒ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO X1 dose (or) ☐ Maalox 30 cc PO X1 dose
☒ Other OTC Medications given ☐ NO ☒ YES (If Yes List): Pepto Bismol tabs 11 po now x 1

Referral: ☐ NO ☐ YES (If Yes, Whom/Where): _____ Date for referral: ____/____/____
Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time: ____:____:____

x L. Binian RN Name: Lynda F. Binian RN
Nurses Signature Printed



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow-up

Print Name: *Debra Clackler*

Date of Request: *2-11-06*

ID # *159516*

Date of Birth: *11-26-54*

Location: *Dorm 12 Bed 247B*

Nature of problem or request: *Severe abdominal and back pain, nausea, vomiting and headaches. My bowels are not moving as they should, even with laxatives.*

Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: *2/13/06*

Time: _____ AM PM

Allergies: _____

RECEIVED

Date:

Time:

Receiving Nurse Initials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Seeing Dr. Engelhart Today

received
2-12-06

Refer to: ☒ MD/PA ☐ Mental Health ☐ Dental ☐ Daily Treatment ☐ Return to Clinic PRN

CIRCLE ONE

Check One: ☒ ROUTINE () ☐ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Need to call Dr. Williams
[Signature]



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

FOLLOW-UP

Print Name: Debra Clackler Date of Request: 2-9-06
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 Bed 47B
 Nature of problem or request: Severe back pain and abdominal pain. All of my stomach is swollen. My bowels are not moving properly, even with a laxative. I am in constant pain.

Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 2-12-2006
 Time: _____ AM PM
 Allergies: _____

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials <u> </u></p>

(S)ubjective:

*WSS See
N HCH
How can
for the*

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: for the

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Return to Clinic PRN

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0128

Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name: Clackler Debra

Inmate Number: 159516 Last First MI

Date of Birth: 11 / 26 / 1979 MM DD YY

Date of Report: 1 / 29 / 2006 MM DD YYYY

Time Seen: 10:10 AM / PM Circle One

Subjective: Chief Complaint(s): "My period is not regular, my side hurts
 Onset: and my breasts are not moving well."

Brief History:
 (Continue on back if necessary)

Objective: Vital Signs: (As Indicated) T: 98.1 P: 78 RR: 20 B/P: 124/76

Examination Findings:
 (Continue on back if necessary)

Assessment: (Referral Status)

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other: _____

Preliminary Determination(s): afternoon w/ comfort
not discomfort w/ back
and have area

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

OTC Medications given ☐ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☐ YES (If Yes, Whom/Where): _____

Referral Type: ☐ Routine ☒ Urgent ☐ Emergent (if emergent who was contacted?): _____

Date for referral: _____

MM DD YY
 Time _____

Nurses Signature: [Signature]

Name: Richard Moseley

Printed

Nursing Evaluation Tool:

Upper Respiratory
Complaints

Facility: Alabama Department of Corrections

Patient Name: Cheese Debra

Inmate Number: 1168513 Last First MI

Date of Report: 1/15/06 MM DD YYYY

Date of Birth: 3/12/1970 MM DD YYYY

Time Seen: 1:40 AM/PM Circle One

Subjective: Chief Complaint(s): ☐ Runny/Stuffy Nose ☒ Sneezing ☐ Sore Throat ☒ Swollen Glands ☐ Headache ☐ Fever
(Check All That Apply)

☐ Malaise ☐ Earache Cough: ☐ No ☒ Yes: ☒ Non-productive ☐ Productive: (sputum description): _____

☐ Other: _____

Onset: 2 wks. ago

History: "I have had problems with my sinuses and I think I have asthma"
(Continue on back if necessary)

History of Asthma: ☒ No ☐ Yes Cardiac/CHF history: ☒ No ☐ Yes History of HIV Disease: ☒ No ☐ Yes

Objective: Vital Signs: (If Indicated) T: 98.4 P: 113 RR: 20 B/P: 175/108

Eyes: ☒ Clear ☐ Watery ☐ Injected (red) Drainage: ☒ No ☐ Yes: _____

Nose: Congestion: ☒ No ☐ Yes Drainage: ☒ No ☐ Yes: _____

Throat examination: ☐ Normal ☐ Red ☐ Enlarged tonsils ☐ Edematous

Neck: ☒ Normal ☐ Enlarged Lymph Nodes

Lung sounds:

Right	Left
<input checked="" type="checkbox"/> Clear	<input checked="" type="checkbox"/> Clear
<input type="checkbox"/> Diminished	<input type="checkbox"/> Diminished
<input type="checkbox"/> Crackles	<input type="checkbox"/> Crackles
<input type="checkbox"/> Rhonchi	<input type="checkbox"/> Rhonchi
<input type="checkbox"/> Wheezing	<input type="checkbox"/> Wheezing

☐ Additional Examination: _____
(Continue on back if necessary)

Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s): alteration in comfort
97 sneezing

☐ Referral Required referral due to the following: (Check all that apply)

☒ Abnormal Vital Signs ☐ Inability to swallow ☐ Significant shortness of breath ☒ Recurrent Complaint (More than 2 visits)

☐ Abnormal Lung exam ☐ Significant Wheezing which does not improve with inhaler ☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☒ Advise rest and oral fluid intake ☐ Warm saline gargles PRN

☐ If no referral is made, advise to return in 3 - 5 days if symptoms have not resolved

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Other: refer to CCC for evaluation of HTN & respiratory stat.
(Describe)

☒ OTC Medications given (CTM 4 mg, Tylenol 650 mg Bid po prn x 2 days) ☐ NO ☒ YES (If Yes List): CTM 4 mg PO Bid
2 1/2 Tylenol 650 mg PO Bid x 2 days

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): CCC Date for referral: 1/15/06 MM DD YYYY

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time _____

Debra Taylor
Nurses Signature

Name: Debra Taylor
Printed



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Debra Cheese Date of Request: 1-14-06
ID # 168813 Date of Birth: 3-21-70 Location: 9
Nature of problem or request: Coughing Throwing everything up Can't
keep nothing down Vaginal is irritated Irritated

Debra Cheese
Signature

DO NOT WRITE BELOW THIS LINE

Date: 1/15/06
Time: 1:40 AM PM
Allergies: NKA

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

D. Taylor
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0131

Facility: Tutwiler Correctional Facility	
Patient Name: <u>Clark, R</u>	<u>DeB</u>
Inmate Number: <u>159516</u>	Date of Birth: <u>11</u> <u>106</u> <u>134</u> MM DD YY
Date of Report: <u>1</u> <u>13</u> <u>06</u> MM DD YY	Time Seen: <u>9AM</u> AM/PM Circle One

Subjective: Chief Complaint(s): My Abdomen is Hurting and Swelling + Back
Onset: 6 months

Brief History: Abdominal Ulcerus Inmate states that Dr. Coughart
(Continue on back if necessary) told her to return in condition cont

Objective: Vital Signs: (As Indicated) T: 98.3 P: 72 RR: 20 B/P: 120 172

Examination Findings: Abdomen Distended c/o of pain upon touch
(Continue on back if necessary) unable to Bend over

Assessment: (Referral Status) Preliminary Determination(s):
☐ Referral NOT REQUIRED

- ☒ Referral REQUIRED due to the following: (Check all that apply)
☐ Recurrent Complaint (More than 2 visits for the same complaint)
☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

- ☒ Instructions to return if condition worsens.
☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

(Describe)
OTC Medications given ☒ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Coughart Date for referral: 1 13 06
MM DD YY

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time: _____

x

[Signature]
Nurses Signature

Name: James S. Hitt
Printed



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Follow-up

Print Name: Debra Clackler Date of Request: 1-12-06
ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 Bed 47B
Nature of problem or request: Abdominal pain and swelling, back pain, vaginal pain
when sitting, nausea, last period 12-1-05, Headache

Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 1/13/06
Time: 8:30 AM AM PM
Allergies: codeine

RECEIVED	
Date:	JAN 12 2006
Time:	
Receiving Nurse Initials	

(S)ubjective:

see net tools

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0133



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Follow-up

Print Name: Debra Clackler Date of Request: 12-27-06
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 Bed 47 B
 Nature of problem or request: Severe back pain and abdominal pain. Extreme tiredness every day. All of my stomach is swollen. My bowels are not moving properly, even with a laxative. I am in constant pain. Last normal period 12-1-05.

Debra Clackler
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/29/2006
 Time: _____ AM PM
 Allergies: _____

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials <u>K</u>
--

(S)ubjective:

*See
net
Too*

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0134

Facility: Tutwiler Correctional Facility

Patient Name: clackon Wohra

Inmate Number: 15 9516 Last First

Date of Report: 12 126 1 05 MM DD YYYY

Date of Birth: 11 126 154 MM DD YYYY

Time Seen: 8:30 AM PM Circle One

Subjective: Chief Complaint: constantly Having Problems with Bowel

Onset: 2 yrs problem with Bowels

History: cell block for SUR gary (removal)

(Continue on back if necessary)

Pain Description: ☒ Sharp ☐ Dull ☐ Crampy ☐ Burning

☐ Intermittent ☐ Constant ☐ Radiation to: _____

☐ Other: _____

Location: ☐ RUQ ☐ LUQ ☐ RLQ ☐ LLQ ☐ Epigastric ☐ Diffuse

☐ Check Here if additional notes on back

Last BM: 1 Day ago ☐ Normal ☒ Constipation ☐ Diarrhea x _____ stools Color change: ☒ No ☐ Yes:

Associated symptoms: Nausea ☐ No ☒ Yes Vomiting ☐ No ☒ Yes (x 2) Painful urination ☐ No ☐ Yes

Back pain ☐ No ☒ Yes Other: _____

* FEMALE: LMP: 11 11 105 MM DD YYYY Vaginal Discharge: ☐ No ☒ Yes (Describe): _____

Pregnancy Test: negative / positive / NA (Circle One) * The possibility of pregnancy exists for any female of potential childbearing age unless a bilateral oophorectomy or hysterectomy has been performed.

Objective: Vital Signs: (If Indicated) T: 98.2 P: 60 RR: 20 B/P: 136 178

General appearance: ☒ No acute distress ☐ Acute distress ☐ Unable to stand erect ☐ Knees drawn up

Skin: ☒ Warm ☐ Cool ☐ Dry ☐ Moist/clammy Skin Color: ☐ Normal ☐ Pallor ☐ Flushed ☐ Jaundice

Mucous Membranes: ☒ Moist ☐ Dry

ABDOMINAL EXAM

Bowel sounds: ☐ Present ☒ Decreased ☐ Absent

Abdomen: ☐ Soft ☐ Guarding ☒ Distended ☐ Non-Tender ☒ Tender midsection no tenderness

Pain induced/increased with: Walking ☒ No ☐ Yes

Pain induced/increased with: Gentle abdominal palpation ☐ No ☒ Yes

Additional Examination: C/O of pain upon touch to lower ABD lower region - Bleeding when off of toilet

(Continue on back if necessary)

Assessment: (Referral Status)

☐ Referral Not Required

☒ Referral Required due to the following: (Check all that apply)

- ☐ Abnormal Vital Signs ☒ Distended/rigid abdomen ☒ Persistent Nausea and/or vomiting
- ☐ Bloody or "Tarry" stools ☐ Pallor, moist clammy skin ☐ Recurrent Complaint (More than 2 visits for the same complaint)
- ☐ Other: _____

You should contact a physician or nursing supervisor if you have any questions about the status of the patient.

Plan:

Check All That Apply:

- ☒ Instructions to return if condition worsens or does not improve
- ☒ Education on bowel elimination ☐ Education on Lifestyle Modifications to prevent reflux
- ☐ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visit)
- ☒ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO X1 dose (or) ☒ Maalox 30 cc PO X1 dose (or) Mylanta 30 cc PO
- ☐ Other OTC Medications given ☐ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): WABB

Date for referral: 12 126 1 05 MM DD YYYY

Referral Type: ☐ Routine ☐ Urgent ☒ Emergent (if emergent who was contacted?): _____

Time _____

x

Nurses Signature

Name: JA - Sutton

Printed

PHS0135



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow-up

Print Name: Debra Clackler Date of Request: 12-25-05
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 Bed 478
 Nature of problem or request: Abdominal pain and swelling, headache, nausea and vomiting. Bowels are not moving as they should, even though I am taking a laxative. Still have not had follow-up visit to discuss sonogram results.

Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/26/05
 Time: 12/26/05 AM PM
 Allergies: Codine

RECEIVED	
Date:	DEC 25 2005
Time:	
Receiving Nurse Initials	

(S)ubjective:

SOC not tools for ABD pain

(O)bjective (V/S): T: 98.2 P: 60 R: 20 BP: 130/75 WT: 155

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0136



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Follow-Up same thing

Print Name: Debra Clackler Date of Request: 12-1-05
ID # 159516 Date of Birth: 11-26-54 Location: Room 12 Bed 47B
Nature of problem or request: Severe pain in abdomen and back.

Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/2/05
Time: _____ AM PM
Allergies: Codeine

RECEIVED	
Date:	DEC 02 2005
Time:	
Receiving Nurse Initials	

(S)ubjective: "My stomach is hurting real bad a knot forms in front after eating"

(O)bjective (V/S): T: 99.0 P: 58 R: 18 BP: 120/74 WT: 155

(A)ssessment: V/S are normal range

(P)lan: Mylab \ddot{i} BID x 30d + check on ultrasound order + Flu Apt.

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

uk is Approved

Lorena Exuma CPW
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Patient Name: Clackler, Debra
 Inmate Number: 159516
 Date of Report: 10 12 9 05
 Date of Birth: 11 12 6 154
 Time Seen: 9:30 AM/PM Circle One

Subjective: Chief Complaint: 6 to 8 times a day in upper abd. "swelling & sharp pain @ removal of lipoma in June."
 Onset: removal of lipoma in June.
 History: mult c/o.
 (Continue on back if necessary)

Pain Description: ☐ Sharp ☒ Dull ☐ Crampy ☒ Burning
☒ Intermittent ☐ Constant ☐ Radiation to: _____
☐ Other: _____
Location: ☐ RUQ ☐ LUQ ☐ RLQ ☐ LLQ ☒ Epigastric ☐ Diffuse
 Last BM: 10/28 ☐ Normal ☒ Constipation ☐ Diarrhea x _____ stools Color change: ☐ No ☒ Yes: lighter
 Associated symptoms: Nausea ☒ No ☐ Yes Vomiting ☒ No ☐ Yes (x) _____ Painful urination ☒ No ☐ Yes
 Back pain ☐ No ☐ Yes Other: _____
 * FEMALE: LMP: 07-1-65 Vaginal Discharge: ☒ No ☐ Yes (Describe): _____
 Pregnancy Test: negative / positive / NA (Circle One) * The possibility of pregnancy exists for any female of potential childbearing age unless a bilateral oophorectomy or hysterectomy has been performed.

Objective: Vital Signs: (If Indicated) T: 99.6 P: 54 RR: 20 B/P: 100/60
 General appearance: ☒ No acute distress ☐ Acute distress ☐ Unable to stand erect ☐ Knees drawn up
 Skin: ☒ Warm ☐ Cool ☒ Dry ☐ Moist/clammy Skin Color: ☐ Normal ☐ Pallor ☐ Flushed ☐ Jaundice
 Mucous Membranes: ☒ Moist ☐ Dry

ABDOMINAL EXAM

Bowel sounds: ☒ Present ☐ Decreased ☐ Absent
 Abdomen: ☒ Soft ☐ Guarding ☐ Distended ☐ Non-Tender ☐ Tender _____
 Pain induced/increased with: Walking ☒ No ☐ Yes sitting worse Location: _____
 Pain induced/increased with: Gentle abdominal palpation ☐ No ☒ Yes around navel
☐ Additional Examination: _____
 (Continue on back if necessary)

Assessment: (Referral Status)

☒ Referral Not Required Preliminary Determination(s): _____
☒ Referral Required due to the following: (Check all that apply)
☐ Abnormal Vital Signs ☐ Distended/rigid abdomen ☐ Persistent Nausea and/or vomiting
☐ Bloody or "Tarry" stools ☐ Pallor, moist clammy skin ☒ Recurrent Complaint (More than 2 visits for the same complaint)
☐ Other: _____

You should contact a physician or nursing supervisor if you have any questions about the status of the patient.

Plan:

Check All That Apply:
☐ Instructions to return if condition worsens or does not improve
☐ Education on bowel elimination ☐ Education on Lifestyle Modifications to prevent reflux
☐ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
☐ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO X1 dose (or) ☐ Maalox 30 cc PO X1 dose (or) ☐ Mylanta 30 cc PO
☐ Other OTC Medications given ☐ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Ureth Date for referral: 11 1 05
 Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____
 x [Signature] Name: Janet R. Liberty
 Nurses Signature Printed



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Follow-up

Print Name: Debra Clackler Date of Request: 10-28-05
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 Bed 47B
 Nature of problem or request: Pain in abdomen, back and both sides. Burning and swelling
in upper abdomen.

Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 10/29/05
 Time: _____ AM PM
 Allergies: Codine

RECEIVED	
Date:	_____
Time:	_____
Receiving Nurse Initials	_____

(S)ubjective:

See nursing net

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

mw 10/31/05

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()



SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0139

Facility: Tutwiler Correctional Facility
 Patient Name: Clackler Debra
 Inmate Number: 159516 Last First
 Date of Report: 10/22/2005 MM DD YYYY
 Date of Birth: 11/26/1954 MM DD YYYY
 Time Seen: 8:32 AM/PM Circle One

Subjective: Chief Complaint: Chronic constipation; soreness ABD; pain/swelling
 Onset: July 2005
 History: after surgery in June this began occurring 2 stomach
 (Continue on back if necessary) swelling after eating

Pain Description: ☒ Sharp ☒ Dull ☐ Crampy ☐ Burning
☐ Intermittent ☒ Constant ☐ Radiation to: _____
☐ Other: _____
 Location: ☐ RUQ ☒ LUQ
☐ RLQ ☒ LLQ
☐ Epigastric ☒ Diffuse
 Last BM: 10/21/05 ☐ Normal ☒ Constipation ☐ Diarrhea x _____ stools Color change: ☐ No ☒ Yes:
 Associated symptoms: Nausea ☐ No ☒ Yes Vomiting: ☐ No ☒ Yes (x) _____ Painful urination ☐ No ☒ Yes
 Back pain ☐ No ☒ Yes Other: _____

* FEMALE: LMP: menopausal Vaginal Discharge: ☐ No ☒ Yes (Describe): pinkish watery 9 other week
 MM DD YYYY
 Pregnancy Test: negative / positive / NA (Circle One) * The possibility of pregnancy exists for any female of potential childbearing age unless a bilateral oophorectomy or hysterectomy has been performed.

Objective: Vital Signs: (If Indicated) T: 98.4 P: 48 RR: 18 B/P: 132/78 x 2 day
 General appearance: ☐ No acute distress ☐ Acute distress ☐ Unable to stand erect ☐ Knees drawn up
 Skin: ☒ Warm ☐ Cool ☒ Dry ☐ Moist/clammy Skin Color: ☒ Normal ☐ Pallor ☐ Flushed ☐ Jaundice
 Mucous Membranes: ☒ Moist ☐ Dry

ABDOMINAL EXAM

Bowel sounds: ☐ Present ☒ Decreased ☐ Absent
 Abdomen: ☐ Soft ☐ Guarding ☒ Distended ☐ Non-Tender ☒ Tender middle of ABD & LUQ
 Pain induced/increased with: Walking ☐ No ☒ Yes
 Pain induced/increased with: Gentle abdominal palpation ☐ No ☒ Yes
 Location

Additional Examination:
 (Continue on back if necessary)

Assessment: (Referral Status)

- ☐ Referral Not Required
☒ Referral Required due to the following: (Check all that apply)
☒ Abnormal Vital Signs ☐ Distended/rigid abdomen
☐ Bloody or "Tarry" stools ☐ Pallor, moist clammy skin
☐ Other: _____

Preliminary Determination(s): _____

☐ Check Here if continued on back

You should contact a physician or nursing supervisor if you have any questions about the status of the patient.

Plan:

Check All That Apply:

- ☒ Instructions to return if condition worsens or does not improve
☒ Education on bowel elimination ☒ Education on Lifestyle Modifications to prevent reflux
☒ Education: The patient demonstrates an understanding of the nature of their medical condition and signs and symptoms for which they should seek additional medical attention. (Persistent vomiting, significant weakness, signs of dehydration, worsening abdominal pain, fever.) as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
☐ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO X1 dose (or) ☒ Maalox 30 cc PO X1 dose (or) Mylanta 30 cc PO
☐ Other OTC Medications given ☐ NO ☒ YES (If Yes List): _____

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): etcu

Date for referral: 10/22/05

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?)

Nurses Signature: M. Nelson, RN

Name: M. Nelson, RN
 Printed



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Follow-up

Print Name: Debra Clackler Date of Request: 10-21-05
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 - Bed 47B
 Nature of problem or request: Pain and swelling in upper abdomen and both sides.
Chronic constipation. Soreness in center of abdomen. I get nauseated after eating.

Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 10/22/05
 Time: 8:32 AM PM
 Allergies: Codaine

RECEIVED	
Date:	<u>OCT 21 2005</u>
Time:	
Receiving Nurse Initials	

(S)ubjective: See NET tool

(O)bjective (V/S): T: 98.4 P: *48 R: 18 BP: 132/78 WT:

(A)ssessment:

(P)lan: MD list morn po qhs x 3 days
30ccs

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

MD. Robinson, MD mw 10/24/05
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0141



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

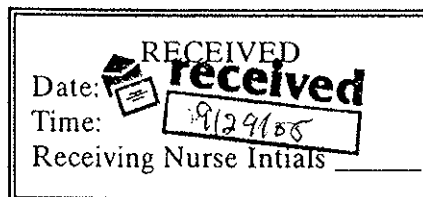
Follow Up

Print Name: Debra Clackler Date of Request: 9-24-05
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 Bed 47B
 Nature of problem or request: Pain and swelling in left side and abdomen. Pressure in upper abdomen. Provera stopped the bleeding temporarily, but the bleeding returned as soon as I stopped taking the medication.

Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/25/05
 Time: 11:30 AM PM
 Allergies: Codeine



(S)ubjective: I am having heavy bleeding And pain

(O)bjective (V/S): T: 99² P: 63 R: 20 BP: 112/80 WT: 162
O₂ 98%

(A)ssessment:

(P)lan: - see Dr.
Motrin 600 mg PO BID X 7 days
Pre Protocol for Pain

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

L. Lopez
SIGNATURE AND TITLE

mw 9/26/05

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0142



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

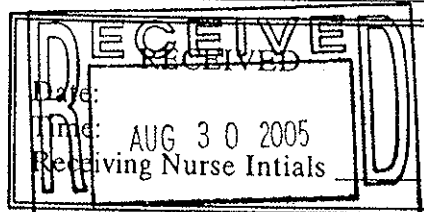
Follow-up

Print Name: Debra Joyce Clackler Date of Request: 8-30-05
ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 Bed 478
Nature of problem or request: Everything I eat stops in my upper abdomen, causing
flatness, pain and swelling, until I take a laxative. Then the cycle starts
over again. My bowels will not move without a laxative. Nausea, low heart
rate and shortness of breath.

Debra Joyce Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/30/05
Time: 9:38 AM PM
Allergies: Codeine



(S)ubjective: Cl soreness in upper abdomen

(O)bjective (V/S): T: 99' P: 82 R: 18 BP: 178/72 WT:

hypoactive bowel sounds all 4 quadrants
(A)ssessment: Alteration in comfort 1/7 bowel movement difficult

(P)lan: To see MD today

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

M. Bluskin RN

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0143



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Follow Up

Print Name: Debra Clackler Date of Request: 8-28-05
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12 Bed 47B
 Nature of problem or request: Pain and swelling in center and right side of abdomen.
Difficulty breathing, pressure in abdomen, low heart rate, nausea, and feeling
faint. Bowels will not move without a laxative.

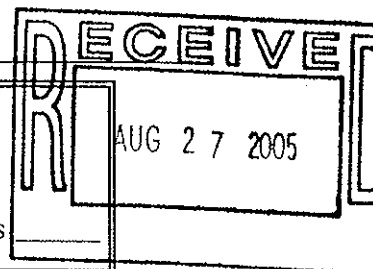
Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/28/05
 Time: 8:35 AM PM
 Allergies: Cocaine

RECEIVED
 Date:
 Time:
 Receiving Nurse Initials



(S)ubjective: *C/O tightness + fullness in middle of abdomen*
after eating; unable to defecate 5 laxative

(O)bjective (V/S): T: 98.9 P: 68 R: 18 BP: 108/02 WT:

(A)ssessment: *Alteration in comfort R/L abdomen*
lower @ pain

(P)lan: *MD to review*

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

M. Behrens, RN *mwj/shr*
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0144



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow up

Print Name: Clackler, Debra Date of Request: 8-23-05
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 12-47B
 Nature of problem or request: Pain & Swelling in center & right side of abdomen.
Pressure in abdomen. Difficulty breathing when I lay down. Nausea
& bleeding. Low heart rate.

Debra J. Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/25/05
 Time: 12:10 AM PM
 Allergies: Codine

RECEIVED	
Date:	<u>8/25/2005</u>
Time:	
Receiving Nurse Initials	

(S)ubjective: Pain in lower Abdomen very sore nausea when
eating when I get pressure on my stomach it feels like
I can't breathe

(O)bjective (V/S): T: 98.0 P: 50 R: 16 BP: 120/20 WT: 166
Bowel sounds present X4 QZ S&C 9P9%
some tenderness on R/L Abdomen

(A)ssessment:

Alteration in comfort

(P)lan: - MRO RPP

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]

8/26/05
MRO

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0145



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow Up

Print Name: Debra Clackler Date of Request: 8-19-05
 ID # 159516 Date of Birth: 1-26-54 Location: Dorm 12-47B
 Nature of problem or request: Bowel obstruction. Pain & swelling in center & right side
of abdomen. Bowels will not move without a laxative. Low heart rate.
Weakness & shortness of breath.

Debra J. Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/20/05
 Time: _____ AM PM
 Allergies: Codeine

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

RECEIVED
AUG 19 2005

(S)ubjective: I Just want to be Put Back on
doctor list

(O)bjective (V/S): T: 98.6 P: 76 R: 20 BP: 110/5 WT: 163

(A)ssessment:

(P)lan: MD To Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

S. Preedin LPN

SIGNATURE AND TITLE

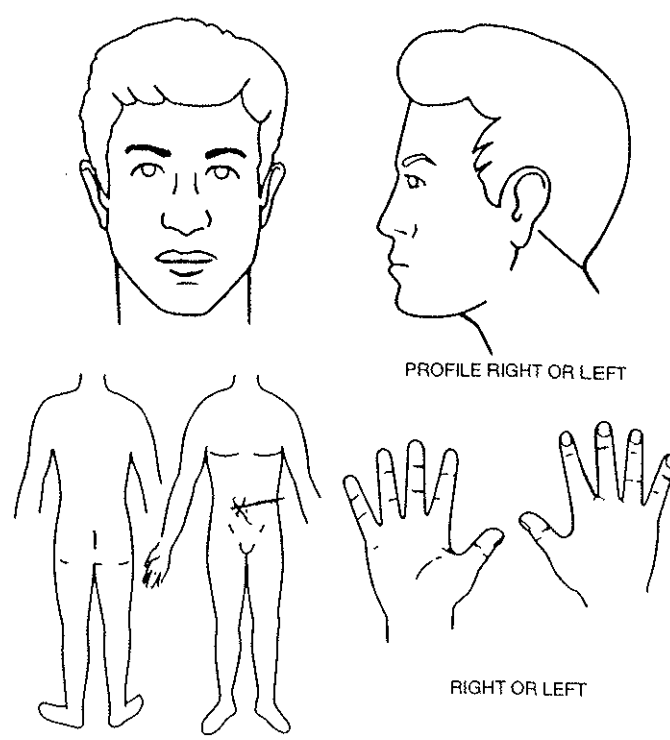
WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0146

*new 8/22/05
 still get
 please*

PHSPRISON
HEALTH
SERVICES
INCORPORATED**EMERGENCY**

ADMISSION DATE 8/12/05		TIME 10:30 AM	ORIGINATING FACILITY Jail		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES Codine			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.2		ORAL RECTAL	RESP. 18	PULSE 51	B/P 114/68	RECHECK IF SYSTOLIC <100> 50 W/A
NATURE OF INJURY OR ILLNESS			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
<p>S - ABD Pain - mid ABD to R side vaginal bleeding during pain - spotting now</p> <p>O - ABD soft except R of N/AAL some firmness noted</p> <p>A - no bleeding f. pain start 10 AM - NO nausea no bowel or bladder - no complaint of pressure</p> <p>P - Motrin 600 given - advise next sick call - vital signs stable</p>			 <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>			
PHYSICAL EXAMINATION			ORDERS / MEDICATIONS / IV FLUIDS TIME BY			
<p>E - if condition continues sign up for sick call</p>			<p>Motrin 600 mg po "now" 10:40p B</p> <p>per protocol for Dr. Williams</p>			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
<p>if condition continues sign up for sick call</p>						
DISCHARGE DATE 8/22/05		TIME 10:50 AM	RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Hindley Benton L...		DATE 8/22/05	PHYSICIAN'S SIGNATURE		DATE	
INMATE NAME (LAST, FIRST, MIDDLE)			DOC#		DOB	R/S FAC.
Clark, Debra J			159516		11/26/54	W/F JTP

PHS0147



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow Up

Print Name: Debra Clackler

Date of Request: 8-12-05

ID # 159516

Date of Birth: 11-26-54 Location: Term 12 Bed 478

Nature of problem or request: Bowel obstruction. Pain and swelling in center and right side of abdomen. Bowels will not move without a laxative. Low heart rate, weakness and shortness of breath.

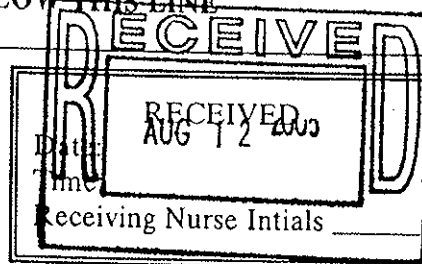
Debra Joyce Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/13/05

Time: 8:20 AM PM

Allergies: Codeine



(S)ubjective:

Clackler needing to see MD for F/U to X-ray for Bowel problems

(O)bjective

(V/S): T: 98°

P: 68

R: 18

BP: 108/70

WT:

U/S avail; will place on MD list for evaluation

(A)ssessment:

Alteration in comfort R/t Bowel problems

(P)lan:

MD test

8/12/05
@

Refer to: MD/PA Mental Health Dental Daily Treatment

Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

M. Lebrisen, APRN

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0148



PRISON
HEALTH
SERVICES
INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Follow Up

Print Name: Clackler, Debra

Date of Request: 7-29-05

ID # 159516

Date of Birth: 11-26-54 Location: 12-478

Nature of problem or request: Bowel obstruction, pain and swelling in center and right side of abdomen. Bowel will not move without laxative. Low heart rate. Weakness and shortness of breath.

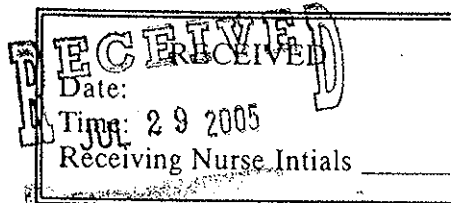
Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /

Time: AM PM

Allergies:



(S)ubjective: bowel obstruction tachet rate shortness of breath

(O)bjective (V/S): T: 98.6 P: 1 R: 16 BP: 130/80 WT:

bowel sounds present bounding with normal heart rate 70.

(A)ssessment:

Abdominal to confirm pain

(P)lan:

MD 1537

8/1/05
(u)

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0149



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Clackler, Debra Date of Request: 7-21-05
 ID # 159516 Date of Birth: 11-26-54 Location: 12-47B
 Nature of problem or request: Bowel obstruction. Pain & Swelling in center and right side of abdomen. Low heart rate. Weakness and shortness of breath.

Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 7/22/05
 Time: _____ AM PM
 Allergies: Codeine

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials <u>QJ</u></p>

(S)ubjective: My heart rate is low I get cold alot I am hard to catch my breath some times I have scar tissue from a gall bladder surgery or being told so. I had to have surgery.

(O)bjective (V/S): T: _____ P: 52 R: 18 BP: 100/60 WT: 164

Skin warm and dry to touch pt breathing with ease pulse low. bowel sounds present x 4 Abdomen distended

(A)ssessment: Alteration in comfort low pulse and hard to have bowel movement

(P)lan: MD L3+

7/25/05
(u)

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0150



PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

ADMISSION DATE 6/24/05 e		TIME AM PM	ORIGINATING FACILITY JTC		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES Cadmium			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 97.6		ORAL RECTAL	RESP. 18	PULSE 63	B/P	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S Return from BMC S from having had Nodule removed from Side ? needle biopsy			ABRASION /// CONTUSION # BURN xx FRACTURE Z LACERATION / SUTURES			
O V/S averse 0250-9740 Temp 97.6 - 6/24/05 - 03-18 pt. denies pain dressing intact clean & dry.						
			PROFILE RIGHT OR LEFT RIGHT OR LEFT			
PHYSICAL EXAMINATION P. Alteration in comfort a/t removal of nodule from @ Side 1.			ORDERS / MEDICATIONS / IV FLUIDS TIME BY			
P. Carry out plan of care monitor for bleeding during night						
DIAGNOSIS Removal of cyst from @ Side 1 ? needle biopsy						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE 6/24/05 e		TIME AM PM	RELEASE / TRANSFERRED TO		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> DOC <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> AMBULANCE <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Amulya		DATE 6/24/05	PHYSICIAN'S SIGNATURE J. H. H.		DATE 6/27/05	
INMATE NAME (LAST, FIRST, MIDDLE) Clackler, Anna			DOC# 159516	DOB 11/24/54	R/S W/F	FAC. Tuc

PHS0151



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Debra Clackler Date of Request: 6-23-05
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 3 Bed 26B
 Nature of problem or request: I am continually having a bloody-brown discharge. My last normal period was on April 17. It is very sore around my naval. I still need to be scheduled for a mammogram. It has been 2 years since I had my last mammogram.

Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/23/05
 Time: 2:00 AM PM
 Allergies: Codine

RECEIVED	
Date:	<u>6/23/05</u>
Time:	<u>6:26</u>
Receiving Nurse Initials	<u>PR</u>

(S)ubjective: I'm having a bloody discharge. It burning in my sides.

(O)bjective (V/S): T: 99 P: 60 R: 20 BP: 118/70 WT: 166

02 Sat 9740

(A)ssessment: bloody discharge burning in sides

(P)lan: ① MD Review
② MD follow up (Tew) (Engelhardt)
③ RCTC upon problem persists. Medication orders

Refer to: MD/PA Mental Health Dental Daily Treatment

Return to Clinic PRN needed

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

6/24/05
②

RECEIVED
 JUN 23 2005

Amelia L...
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0152



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow up: 3rd request

Print Name: Debra Clackler Date of Request: 6-16-05
ID # 159516 Date of Birth: 11-26-54 Location: Dorm 3 Bed 26B
Nature of problem or request: Breasts are extremely sore and painful. The fibroid cysts have increased and spread to my underarm and the inside of my upper arm. I need to be scheduled for another mammogram. My last mammogram was July 2003.

Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/17/05
Time: 9:10 AM ☒ PM
Allergies: Codeine

RECEIVED	
Date:	<u>6/17/05</u>
Time:	<u>9:10</u>
Receiving Nurse Initials	<u>DO</u>

(S)ubjective: My breast are sore and painful @ breast has thickens to under would like to have mammogram scheduled

(O)bjective (V/S): T: 98° P: 48 R: 20 BP: 148/70 WT: 166
02544707

(A)ssessment: c/o painful breast / discuss mammogram

(P)lan: MD review
MD follow up mammogram

Sched mammogram 6/28/05

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE
Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐
Was MD/PA on call notified: Yes ☐ No ☐

Amiller
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0153

PRISON
HEALTH
SERVICES
INCORPORATEDPRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Follow up: 3rd request

Print Name: Debra ClacklerDate of Request: 6-16-05ID # 159516Date of Birth: 11-26-54Location: Dorm 3 Bed 26BNature of problem or request: Breasts are extremely sore and painful. The fibroid cysts have increased and spread to my underarm and the inside of my upper arm. I need to be scheduled for another mammogram. My last mammogram was July 2003.Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/17/05Time: 9:10 AM PMAllergies: Codeine

RECEIVED
Date: <u>6/17/05</u>
Time: <u>9:10</u>
Receiving Nurse Initials <u>DC</u>

(S)ubjective:

"My breast are sore and painful @ breast has thickens to area would like to have mammogram scheduled"

(O)bjective

(V)IS: T: 98°P: 48R: 20BP: 148/70WT: 166025at 470g

(A)ssessment:

c/o painful breast / discuss mammogram

(P)lan:

① MD exam② MD follow up: mammogramSched mammogram 6/22/05

Refer to: MD/PA Mental Health Dental Daily Treatment

Return to Clinic PRN

CIRCLE ONE

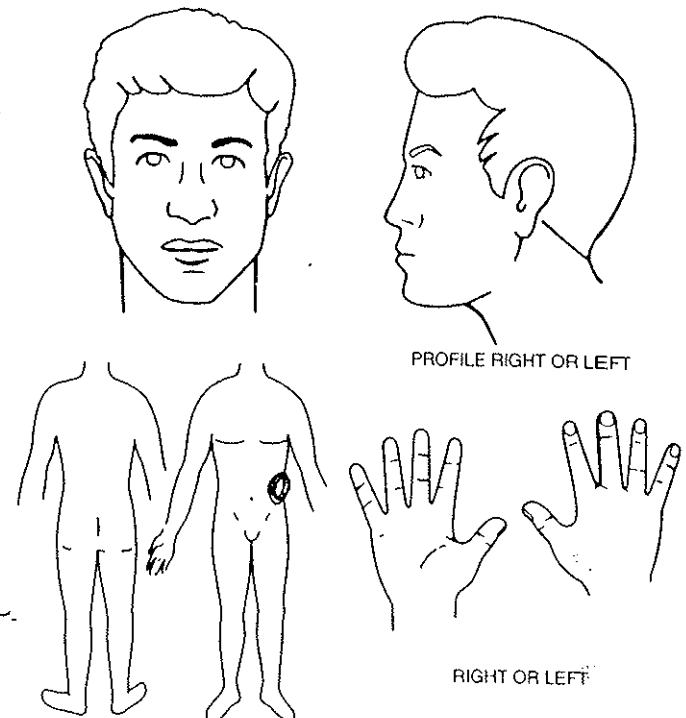
Check One: ROUTINE ☒ EMERGENCY ☐If Emergency was PHS supervisor notified: Yes ☐ No ☐Was MD/PA on call notified: Yes ☐ No ☐Amelia B
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0154

EMERGENCY

DATE <u>6/10/05</u> TIME <u>11:47</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		ORIGINATING FACILITY <u>JTC</u> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
Cokeine		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
NS: TEMP <u>97.7</u>	ORAL RECTAL	RESP. <u>16</u>	PULSE <u>50</u>	B/P <u>118/66</u>	RECHECK IF SYSTOLIC <u>1</u> <100> 50
OF INJURY OR ILLNESS <u>02 Oct 97 20</u>			ABRASION /// CONTUSION # BURN ^{xx} / _{xx} FRACTURE ^Z / _Z LACERATION / SUTURES		
<p>I'm having abdominal pain across abdomen and burning on sides of upper abdomen. I had a BxH today - WHP 5/25/05 at Atlanta Surg '88.</p> <p>Wt. 165</p> <p>Building to 165 lbs. Had mass. Have been on outside Dr. No pain or burning on incision just pain in abdomen. Able to stand erect. Hypoactive bowel sounds. Burning-like pain. Fast skin turgor. Abdomen in '79. Abdomen soft. Wt - Normal.</p> <p>A - Abdomen in comfort 10+ Abdominal Pain</p> <p>P - M.D. to see if fluid intake.</p> <p>E - Stay away from group. Stay from 10 fluid intake</p>			 <p>PROFILE RIGHT OR LEFT</p> <p>RIGHT OR LEFT</p>		
PHYSICAL EXAMINATION			ORDERS / MEDICATIONS / IV FLUIDS		
			Turn it to 100 TIME BY		
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
DISCHARGE DATE <u>6/10/05</u> TIME <u>12:00</u> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		RELEASE / TRANSFERRED TO <u>Don</u>		<input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	
NURSE'S SIGNATURE <u>[Signature]</u> DATE <u>6/13/05</u>		PHYSICIAN'S SIGNATURE <u>[Signature]</u>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL <input type="checkbox"/> FAIR <input type="checkbox"/> CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) <u>Chiken, Debra</u>		DOC# <u>154516</u>		DOB <u>11/21/54</u>	R/S <u>W/F</u> FAC. <u>JTC</u>

PHS0155



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Follow up

Print Name: Debra Clackler Date of Request: 5-26-05
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 3 Bed 26B
 Nature of problem or request: Constipation, I would also like to know what the outside doctor said after examining me on May 16.

Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/27/05
 Time: 9:25 AM PM
 Allergies: Codeine

RECEIVED	
Date:	<u>5/27/05</u>
Time:	<u>9:25</u>
Receiving Nurse Initials	<u>RA</u>

(S)ubjective: Constipation, I would like to know if I can have the liquid for constipation

(O)bjective (V/S): T: 98 P: 44 R: 18 BP: 103
02 Sat 9770

(A)ssessment: Constipation / MD referral for consult

(P)lan: MD referral
MD referral for consult from outside

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

Check One: ROUTINE () CIRCLE ONE EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

AMiller
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0156

Will have
Lupoma
removed!
Elm



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

May 08 2005

Print Name: Debra Clackler Date of Request: 5-8-05
 ID # 159516 Date of Birth: 11-26-54 Location: Dorm 3 Bed 24B
 Nature of problem or request: Abdominal pain. Also pain + burning in both sides. When I eat and drink something the pain and burning gets worse and my abdomen swells. Feel weak and faint and have difficulty breathing when I lay down.

Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/8/05
 Time: 8:40 AM ~~PM~~
 Allergies: Codine

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective: My legs & abd as swollen & soft

(O)bjective (V/S): T: 98.5 P: 86 R: 20 BP: 112/70 WT: _____

(A)ssessment: swelling ? etio
Tests ordered on 4/12/05 - not yet done

(P)lan: ? Reason

Refer to: MD/PA Mental Health Dental Daily Treatment
 CIRCLE ONE

Return to Clinic PRN

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No (☒)
 Was MD/PA on call notified: Yes () No (☒)

McCrone RN

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0157



PRISON
HEALTH
SERVICES
INCORPORATED

Follow-up

**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Debra Clackler Date of Request: 4-7-05
ID # 159516 Date of Birth: 11-26-54 Location: 10A-118
Nature of problem or request: Pain in abdomen and both sides. Tightness in both sides. Pain is continuous and goes through my abdomen and into my back. Also, need to be scheduled for a mammogram. Follow-up.

Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/8/05
Time: 2020 AM PM
Allergies: CODINE

RECEIVED
Date: <u>4/8/05</u>
Time: <u>2020</u>
Receiving Nurse Initials: <u>[Signature]</u>

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan: M.D. referral

Refer to: MD/PA Mental Health Dental Daily Treatment
CIRCLE ONE

Return to Clinic PRN

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

RECEIVED
APR 8 2005

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0158

PRISON
HEALTH
SERVICES
INCORPORATED

Follow-up

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Debra Clackley Date of Request: 4/4/05
 ID # 159516 Date of Birth: 11-26-54 Location: 10A-11B
 Nature of problem or request: Pain in abdomen and both sides. Tightness in both sides.
Pain is continuous and goes through my abdomen and into my back. Also need to
be scheduled for a mammogram.

Debra Clackley

Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/4/05
 Time: 9:57 AM PM
 Allergies: Codeine

RECEIVED
Date:
Time:
Receiving Nurse Initials <u>ym</u>

(S)ubjective: Pain to abd & side, Tightness goes through
abd to my back Im taking Tylenol

(O)bjective (V/S): T: 98.2 P: 66 R: 20 BP: 124/60 WT: 161
Cyst like area noted to Rt side

(A)ssessment: Alt. in comfort due to abd pain &
tightness

(P)lan: mta Review/Refer

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

RECEIVED
 APR 5 2005

[Signature]
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Debra Clackler Date of Request: 3/26/05
 ID # 159516 Date of Birth: 11/26/54 Location: 10A-11B
 Nature of problem or request: I am having continuous pain in my abdomen and both sides. I feel a tightness in both sides. I have a grass-green gel-like substance in my bowel movement at times. I cannot have a bowel movement without a laxative.

Debra Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/28/05
 Time: 8:30 AM PM
 Allergies: Codine

RECEIVED	
Date:	<u>3/28/05</u>
Time:	<u>8:30</u>
Receiving Nurse Initials	<u>MD</u>

(S)ubjective: I'm having pain to my stomach and my sore in between my side all the way to my back. I'm having a problem with constipation.

(O)bjective (V/S): T: 98 P: 52 R: 20 BP: 114/72 WT: 162

02 Sat 98°70

(A)ssessment: Constipation / abd and back pain

(P)lan: Grn O review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

RECEIVED
MAR 28 2005

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0160

PRISON
HEALTH
SERVICES
CORPORATION

PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow Up:

Print Name: Clackler, DebraDate of Request: 10-10-04ID # 159516Date of Birth: 11-26-54 Location: D11-60B

Nature of problem or request: The constipation and pain in my left side and abdomen is getting worse. My bowels will not move at all until I take a laxative. After taking a laxative, they will move for about 24 hours. Then the constipation returns.

Debra Clackler

Signature

DO NOT WRITE BELOW THIS LINE

Date: 10/10/04

Time: _____ AM PM

Allergies: Codeine

RECEIVED

Date:

Time:

Receiving Nurse Initials _____

OCT 10 P.M.

~~OCT 09 P.M.~~

(S)ubjective: my Constipation continues the laxatives are a temporary fix

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: no apparent distress @ this time

(P)lan: Will talk with Dr. Englehardt + Colucci re B1DX 180 days

Refer to: MD/PA Mental Health Dental Daily Treatment

Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Rt + Recheck
ED

D. Willbanks
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0161



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Clackler, Debra Date of Request: 9-18-04
 ID # 159516 Date of Birth: 11-26-54 Location: D11-B60B
 Nature of problem or request: constant urge to urinate, but only a very small amount will pass. Have a painful, pulling + burning sensation every time I try to urinate. Also pain in lower part of left + right sides. Lower back is extremely sore on left side.
Debra Clackler
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/19/04
 Time: 9:40 AM PM
 Allergies: CODEINE

<p>RECEIVED Date: <u>9/19/04</u> Time: <u>9:40 AM</u> Receiving Nurse Initials <u>CO</u></p>

(S)ubjective: c/o burning when urinating & pain in lower bilateral side

(O)bjective (V/S): T: 100.6 P: 80 R: 18 BP: 118/78 WT: 150 lbs
VS assessed s/s distress noted when inattentive
& standing and sitting

(A)ssessment: UA done

↑ H₂O

(P)lan: MD Review

Pyridium 200 mg bid x 3 days if s/s worsen sign up for S/C
Motrin 600 mg tid x 3 days

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY (☐)

If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

C. Dillard Lpn

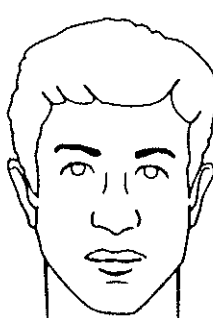
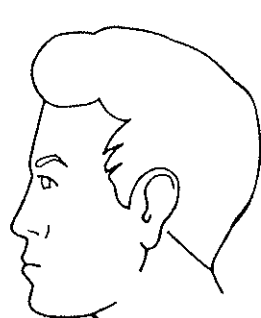
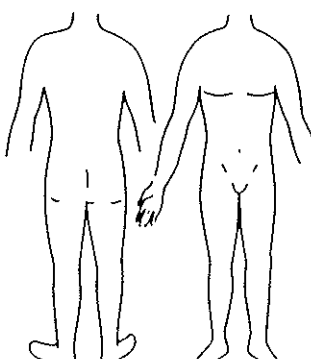
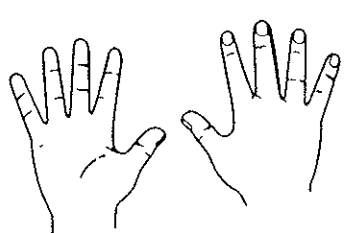
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0162

EMERGENCY

ADMISSION DATE 09/17/04		TIME 7:45 AM PM	ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT							
ALLERGIES Celene			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA									
VITAL SIGNS: TEMP 98.4		ORAL RECTAL	RESP. 20	PULSE 68	B/P 110/70	RECHECK IF SYSTOLIC <100> 50						
NATURE OF INJURY OR ILLNESS S - Seizure & perspiring			<div style="display: flex; justify-content: space-between;"> <div> ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES </div> </div>									
0 - O₂ Sat 98% @ Distress noted @ perspiring noted Alert & Oriented x3 US WNL A - alteration to comfort HT Sluggish P - Drink plenty of liquids able to return to chair E - drink plenty of liquids take med as directed			  <div style="text-align: right;">PROFILE RIGHT OR LEFT</div>   <div style="text-align: right;">RIGHT OR LEFT</div>									
DIAGNOSIS			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ORDERS / MEDICATIONS / IV FLUIDS</th> <th>TIME</th> <th>BY</th> </tr> </thead> <tbody> <tr><td colspan="3" style="height: 100px;"> </td></tr> </tbody> </table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY			
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY										
INSTRUCTIONS TO PATIENT												
DISCHARGE DATE 09/17/04		TIME 7:45 AM PM	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL							
NURSE'S SIGNATURE [Signature]		DATE 9/17/04	PHYSICIAN'S SIGNATURE [Signature]		DATE 9/17/04							
INMATE NAME (LAST, FIRST, MIDDLE) Clacker, Debra			DOC# 159516	DOB 11/26/54	R/S W/F	FAC. Amey						

PHS0163



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow Up

Print Name: Debra J. Clackler Date of Request: 9-5-04
 ID # 159516 Date of Birth: 11/26/54 Location: P11-B60B
 Nature of problem or request: I was awakened by intense abdominal pain at 1:00 A.M. this morning. The pain started underneath my ribs and went down my left side to my pelvic area and from my navel to my left side. The pulling sensation in my left side was sending pain through my abdomen and into my back.
Debra J. Clackler
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 09/06/04
 Time: 11:00 AM PM
 Allergies: Aspirin

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective: c/o of pain in left side towards the back

(O)bjective (V/S): T: 98° P: 80 R: 18 BP: 100/80 WT: 150/lb

of swelling, bruising or redness noted c/o of lower abd pain & normal BM last Wednesday
 (A)ssessment: alteration to comfort due to abd pain

(P)lan: Give laxative c MD to clear

Refer to MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No (☒)

Was MD/PA on call notified: Yes () No ()

SEP 5 - 2004

[Signature]
 SIGNATURE AND TITLE

[Signature]

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0164



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

RECEIVED
AUG 20 2004

Print Name: Clackler, Debra J. Date of Request: 8-16-04
ID # 159516 Date of Birth: 11-26-54 Location: Dorm 11 Annex
Nature of problem or request: Constipation, bloating and abdominal pain.

Follow-up

Debra J. Clackler
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: 8-20-04
Time: 2:30
Receiving Nurse Initials

(S)ubjective:

Above statement

(O)bjective (V/S): T: P: R: BP: WT:

W - meet

(A)ssessment:

Refer to m b

(P)lan:

Placed on meds for Constipation
Diloxylate 5mg it qd po
x 180 days
Colace 100 qd x 180 days

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

RECEIVED
AUG 19 2004

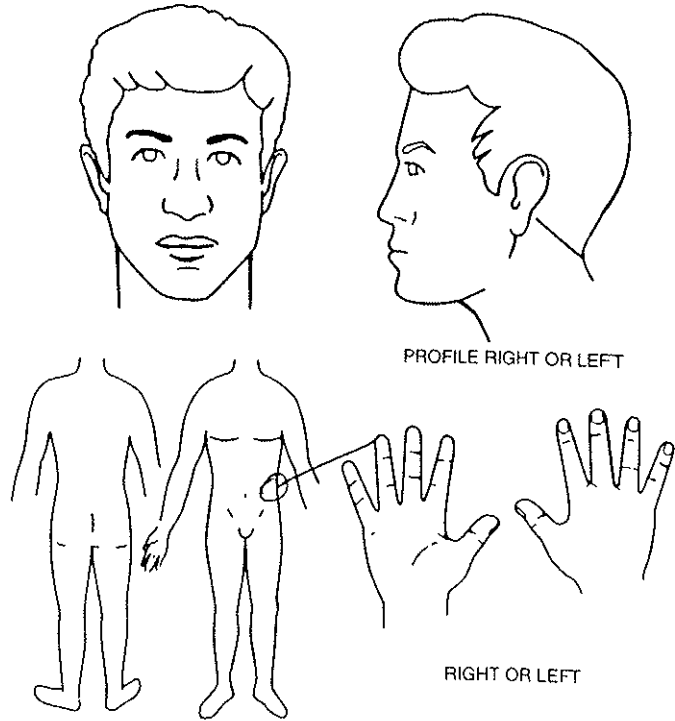
[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0165

EMERGENCY

ADMISSION DATE 7/16/04 11:00 AM		TIME 11:00 AM		ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKIA				CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.0		ORAL RECTAL		RESP. 18		PULSE 50 B/P 120/80	
NATURE OF INJURY OR ILLNESS S-I'm in pain I've been hurting for weeks I have been seen by the doctor and the meds given to me are not working I still in pain, and the pain is getting worse since I signed up. I need help now. I can no longer bear this pain. It is getting worse.				ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES			
PHYSICAL EXAMINATION O-White female walk to the infirmary with complaint of abdomen pain. Abdomen nondistended. tender to touch. A large mass noted on (L) side of waist not tender to touch. N/V noted unable to lay on abdomen at this time. A- Abdomen is level ed can hear							
DIAGNOSIS				ORDERS / MEDICATIONS / IV FLUIDS Madin 600mg P.O. start once.			
INSTRUCTIONS TO PATIENT				TIME BY			
DISCHARGE DATE 7/16/04 11:30 AM		TIME 11:30 AM		RELEASE / TRANSFERRED TO DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE [Signature]		DATE 7-16-04		PHYSICIAN'S SIGNATURE [Signature]		DATE 7/18/04	
INMATE NAME (LAST, FIRST, MIDDLE) Clackler, Debra				DOC# 159516		DOB 11-26-54	
				R/S W/F		FAC. SPT	

PHS0166

PRISON
HEALTH
SERVICES
INCORPORATEDPRISON HEALTH SERVICES, INC.
SICK CALL REQUESTRECEIVED
JUL 14 2004Follow Up

Print Name: Clackler, Debra Joyce Date of Request: 7/14/04
 ID # 159516 Date of Birth: 11/26/54 Location: 3-3B
 Nature of problem or request: Abdominal pain on left side and nausea

Debra Joyce Clackler
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials _____
--

(S)ubjective: Abd pain - stomach area - (R) side to left side

(O)bjective (V/S): T: 99.9 P: 68 R: 20 BP: 100/60 WT: 166

(A)ssessment: Gall bladder removed in 1988. Pain similar has begun on (R) side, was on (L) side only. Bowel sounds + w all 4 quadrants. Pain nauseated yesterday. Pain is relieved by lying or bending over while seated.

(P)lan: m. D. Review
 m. D. appt. made for Friday

Refer to: (MD/PA) Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

2nd [Signature]
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0167